	ROUTING A	ND TRANSMITTAL SLIP	Date 6 June 1980
	TO: (Name, office sylbuilding, Agency	mbol, room number, /Post)	Initials Date
STAT	1.	E0/0ER	
	2.		
STAT	3.		
f	4. OER/Inter	national Materials/En	iergy
	s. Room 4F31		
	Action	3 File	Note and Return
* **	Approval	For Clearance	Per Conversation
5 3	As Requested	For Correction	Prepare Reply
7	Circulate -	For Your Information	See Me
	Comment	Investigate	Signature
	Coordination	Justify	

REMARKS

This is confirmation of approval received earlier by telephone.

FA	Agency/Post)	Room No.—Bidg. 7G31/Hqs
Acaden	Coordinator for Tic Relations, NFAC/NIC	Ohone No
5041-102	OPTIONAL Prascribed by	FORM 41 (Rev. 7-7